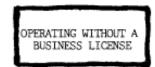
TOWN OF DAVIE 6591 S.W. 45 STREET DAVIE, FLORIDA 33314 (954)797-1112



## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION
BUSINESS NAME: DICAROUST DISPETS 11
BUSINESS STREET (ADDRESS: (ACSD SIC 55 PL ZIP 33314)
BUSINESS MAILING ADDRESS: 6050 SUC 55 PL ZIP 3334
BUSINESS PHONE: 954 331 6335
DESCRIDE TYPE OF BUSINESS: _ GIFT_IBHSKET_INDLSTELL
BUSINESS IS: Corporation_X Sole Proprietor Partnership
Owner/Officer (s) Home Address City/Zip Phone#
1. Proxana Più 6000 Siù 55 Pc. DAVIE 33314 9545831997
2
Federal ID Number or Social Security Number
I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30,, and must be renewed before October 1st.
This application for home occupational license allows mail and telephone use only,no signs or exterior storage, no on-site employees are permitted.
Print Owner or Officers Name and Title  Signature of Owner or Officer
Office Use Only: DateCategory 01400 Fee 98.20 Rec# NewTrans
License # 63-16-280 Control # 13563 Zoning # -1
Council approval Required X Yes No Zoning Approval A Right Date 1/31/02
Town Council Date Approved Denied
Tabled To Approved Denied
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION